

MDR Tracking Number: M4-03-7238-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-23-03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399.

II. FINDINGS & RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

The requestor billed E1399 at \$245.00 for rental of neuromuscular stimulator. Per the MFG, DME GR (IX)(C), fair and reasonable reimbursement is the same as the "D" codes in the 1991 MFG. The 1991 MFG, "D" code for rental of neuromuscular stimulator is D0550 with a MAR of \$150.00.

The requestor noted that they have billed their usual and customary for 3 months rental of neuromuscular stimulator at \$245.00/month for a total of \$735.00. Per the 1991 MFG, the cumulative total allowable would be \$450.00.

The 1996 MFG, DME GR (VI)(A), limits the rental of neuromuscular stimulator to 60 days unless treating doctor justifies the medical necessity for an extension. Medical necessity for 90 days use was not an issue in dispute; therefore, will not be addressed.

The requestor also billed E1399 at \$85.00 for supplies for three (3) months for a total of \$255.00. Per DME GR (X)(C), the MAR is \$85.00 per month; therefore, reimbursement of \$255.00 is recommended.

Therefore, the total amount recommended for reimbursement is \$705.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (E1399) in the amount of **\$705.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$705.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division